
DEPARTMENT OF THE ARMY
(Unit Address)

(OFFICE SYMBOL)

(Date)

MEMORANDUM FOR U.S. Army Alaska Deputy Chief of Staff, G-3 (APVR-ROP), JBER Alaska 99505-6300

SUBJECT: Request for Waiver of Medical Support Requirements

1. Date/time/location of training:
2. Training Event:
3. Number of personnel:
4. Types of ammunition/explosives/mines/pyrotechnics/simulators:
5. Brief description of training event:
6. Specific medical support requirement to be waived:
7. Justification/mitigating factors/alternatives:
8. Risk Assessment:
9. Impact on training if waiver is not granted:
10. The point of contact for this memorandum is (your POC), (POC telephone number).

(BN CDR)
LTC, IN
Commanding

FIGURE 1-2. Sample Medical Waiver Request